

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____


**State Liquor
Authority**
**Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a
Local Municipality or Community Board**

(Page 1 of 2)

1. Date Notice Was Sent: 03/15/2023 1a. Delivered by: Certified Mail Return Receipt Requested

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License

☐ New Application ☒ Renewal ☐ Alteration ☐ Corporate Change ☐ Removal ☐ Class Change

For **New** applicants, answer each question below using all information known to date.

For **Renewal** applicants, set forth your approved Method of Operation only.

For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s).

For **Corporate Change** applicants, attach a list of the current and proposed corporate principals.

For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation.

For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type.

This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board

3. Name of Municipality or Community Board: COMMUNITY BOARD 11

Applicant/Licensee Information

4. License Serial Number, if Applicable: 1303725 Expiration Date, if Applicable: Jul 31, 2023

5. Applicant or Licensee Name: LA PARRANDA BAR REST INC

6. Trade Name (if any):

7. Street Address of Establishment: 2712 WHITE PLAINS RD

8. City, Town or Village: BRONX ,NY Zip Code: 10467

9. Business Telephone Number of Applicant/Licensee: 347-882-4487

10. Business Fax Number of Applicant/Licensee: 718-402-7314

11. Business E-mail of Applicant/Licensee: ALEGREDELSUR@AOL.COM

12. Type(s) of Alcohol sold or to be sold: ☐ Beer & Cider ☐ Wine, Beer & Cider ☒ Liquor, Wine, Beer & Cider

13. Extent of Food Service: ☒ Full food menu; Full Kitchen run by a chef or cook ☐ Menu meets legal minimum food availability requirements; Food prep area at minimum

14. Type of Establishment: TRADITIONAL RESTAURANT DINER

15. Method of Operation: (Check all that apply)

<input type="checkbox"/> Seasonal Establishment	<input type="checkbox"/> Juke Box	<input type="checkbox"/> Disc Jockey	<input type="checkbox"/> Recorded Music	<input type="checkbox"/> Karaoke
<input type="checkbox"/> Live Music (Give details: i.e. rock bands, acoustic, jazz, etc.):				
<input type="checkbox"/> Patron Dancing	<input type="checkbox"/> Employee Dancing	<input type="checkbox"/> Exotic Dancing	<input type="checkbox"/> Topless Entertainment	
<input type="checkbox"/> Video/Arcade Games	<input type="checkbox"/> Third Party Promoters	<input type="checkbox"/> Security Personnel		
<input checked="" type="checkbox"/> Other (specify): TRADITIONAL RESTAURANT				

16. Licensed Outdoor Area: (Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Patio or Deck	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Garden/Grounds	<input type="checkbox"/> Freestanding Covered Structure
<input type="checkbox"/> Sidewalk Cafe <input type="checkbox"/> Other (specify):				

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(Page 2 of 2)

17. List the floor(s) of the building that the establishment is located on: FIRST FLOOR
18. List the room number(s) the establishment is located in within the building, if appropriate: N/A
19. Is the premises located within 500 feet of three or more on-premises liquor establishments? ☐ Yes ☒ No
20. Will the license holder or a manager be physically present within the establishment during all hours of operation? ☒ Yes ☐ No
21. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee.

22. Does the applicant or licensee own the building in which the establishment is located? ☐ Yes (If Yes SKIP 23-26) ☒ No

Owner of the Building in Which the Licensed Establishment is Located

23. Building Owner's Full Name: MARK IRGANG (2712-22 WPR LLC)
24. Building Owner's Street Address: P O BOX 581
25. City, Town or Village: ORANGEBURG State: NY Zip Code: 10962
26. Business Telephone Number of Building Owner: 212-370-5573

**Representative or Attorney representing the Applicant in Connection with the
application for a license to traffic in alcohol at the establishment identified in this notice**

27. Representative/Attorney's Full Name: PEDRO J BATALLA JR
28. Street Address: 888 GRAND CONCOURSE SUITE 1N
29. City, Town or Village: BRONX State: NY Zip Code: 10451
30. Business Telephone Number of Representative/Attorney: 718-585-2233
31. Business Email Address: BATALLA.LAW@VERIZON.NET

I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

32. Printed Name: ADRIAN TERRAZAS Title: PRESIDENT

Signature: X Adrian Terrazas